

STOCKROOM REQUISITION

Michigan Department of Community Health

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INSTRUCTIONS:

- Order only the forms listed below on this requisition.
All other items will be deleted.
- Specify the quantity you **NEED** in single units
(use **EACH**, not pad, package, box, carton, etc.).
- For questions about this requisition call:
(517) 335-8360

- Allow **3 weeks** for processing.
- Complete this form and mail it to:

**FORMS DISTRIBUTION
MDCH ADMINISTRATIVE SERVICES
320 S WALNUT
LANSING MI 48913**

REQUESTER INFORMATION:

Requesting Business or Office Name			Date of Request	Phone Number
Attention of			Approval Signature(s) (if needed)	
Delivery Address (Number and Street)				
City	State	ZIP Code		

REQUESTED ITEMS:

1 COMMODITY NUMBER	2 QUANTITY NEEDED EACH (NOT Pad, Pkg, Box or Ctn.)	3 FORM or ENVELOPE IDENTIFICATION NUMBER	4 FORM or ENVELOPE TITLE

AUTHORITY: None
COMPLETION: Is Voluntary, but this information is required to obtain
a supply of the above printed materials.

The Department of Community Health will not discriminate against any
individual or group because of race , sex, religion, age, national origin, marital
status, political beliefs, or disability.

For Office Use Only

Administrative Services Approval	Date Processed	DMB - Processed by
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DCH-0931(E) (8-01) (W)